LeCompte Funeral Service

Cambridge, Maryland

5-27-55

REGISTRAR

OFDIVIDICATOR OR DEATH

20 3 CERI	TRICATE	OF DE	ATH	Reg. 1	Dist. No.	11.76
1. PLACE OF DEATH: COUNTY Dorchester MA CITY (If outside corporate limits, write RURAL) L	2	2. USUAL R	ESIDENCE (HO	ME) OF DECE	ASED:	
county Dorchester MA	RYLAND	STATE	Maryland	COUNTY	Dorchest	020
CITY (If outside corporate limits, write RURAL on and give nearest town) Cambridge 3	ENGTH OF STAY	CITY(If ou	itside corporate li		AL and give n	earest town
OR and give nearest town) Cambridge 3	(in this place) months	OR	Cambridge			13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen Ann Avenue		STREET		rural give locat n Avenue	tion)	-
W. C.		-13				
3. NAME OF (First) (Middle: DECEASED: (Type or Print) MILDRED SMITH	ALDRII		OF	TE (Month)	(Day) 26	(Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED WIDOWED, DIVOR (Specify): Widow	CED.		9. AGE last	birthday IF UNDI Months		IDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR IND		I. BIRTHPLA	CE (State or for		COUNTR	OF WHAT
13. FATHER'S NAME:		Maryla Maryla	S MAIDEN NAI	AF:	U.S.A.	
Edward T. Smith			tha Philli			
(Yes, no, or unk.) (If Yes, give war or dates of service)			mes C. Joh		mhri dae	Ma
	CAL CERTIFICATION			10011 . 00		L BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH					AND DEATH
202.1	1 V	MP	HUNIA	4	10	Vena
IMMEDIATE CAUSE (A)		14//	,, 0 . ,,	,	- 4	11371
ANTECEDENT CAUSE (8)						
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					45-97	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION					
2					20, A	NO [
218. ACCIDENT WAS UNDERLYING 218. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, street, office bldg., etc.	21c. WHE	RE DID (City o	r town) (C	county)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJ OF INJURY M. While at work	Not while at work	21F. HOW I	OD INJURY OC	CUR?		
22. I hereby certify that I attended the decease	d from 4 JULY	1949 to	19 MAY 1	955that I	last saw the	deceased
alive on 9 MAY, 1955, and that dea				and on the da		bove.
SIGNATURE Jun 23. BURIAL, CREMATION, DATE THEREOF N	M. D.		TORY LOCAT	ON (City, town	or county)	(State)
REMOVAL (SPECIFY)	unbridge Ceme			mbridge, l		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATE	JRE	24. FUNER	AL DIRECTOR	7 (3	ADDRE	SS

John March . m.D.

DECENALD

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Tural Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS ANAME OF DECEASED: (Middle) (Type or Print) SECITY (If outside corporate limits, write RURAL OR TOWN Salisbury RURAL OR TOWN Salisbury RURAL (If rural give location ADDRESS STREET ADDRESS A. DATE (Month) OF DECEASED: (Middle) (Type or Print) JOHN WILLAM BAKER DEATH: May 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. B. DATE OF BIRTH: 9. AGE last birthday if under Months (Specify): widowed 10/7/78 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): laborer 13. FATHER'S NAME: Noble Baker 14. MOTHER'S MAIDEN NAME: Noble Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. (Preside corporate limits, write RURAL OR TOWN Salisbury ROWN Salisbury	(Day) (Year) 11 19 55 YEAR FUNDER 24 HRS. Days Hours Min. 2. CITIZEN OF WHACOUNTRY? U.S.
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN rural Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS A DATE (Month) OF DECEASED: (Type or Print) JOHN STREET ADDRESS (Middle) (ILast) A DATE (Month) OF DEATH: May SEAL (If rural give location Address) A DATE (Month) OF DEATH: May STREET ADDRESS (If rural give location Address) A DATE (Month) OF DEATH: May STREET ADDRESS (If rural give location Address) If Noble Baker IOA. DATE (Month) OF DEATH: May IOA DEATH: May IOA USUAL OCCUPATION (Give kind of working life. even if retired): laborer IOA. USUAL OCCUPATION (Give kind of working life. even if retired): laborer IOA DEATH: May IOA DATE (Month) OF BIRTH: IOA DATE (Month) OF DEATH: May IOA DATE (Month) OF DEATH: May IOA DATE (Month) OF DEATH: May IOA DATE (Month) OF BIRTH: IOA DATE (Month) OF DEATH: May IOA DATE (Month) OF DEATH IOA DATE (Month) OF DEATH	(Day) (Year) 11 19 55 1 YEAR HOURS MIN. C. CITIZEN OF WHA: COUNTRY? U.S.
CITY (If outside corporate limits, write RURAL OR and give nearest town) Management Managem	(Day) (Year) 11 19 55 1 YEAR HOURS MIN. C. CITIZEN OF WHA: COUNTRY? U.S.
TOWN rural Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS ADDRESS ADDRESS STREET ADDRESS Eastern Shore State Hospital A. DATE (Month) OF DECASED: (Type or Print) DEATH: May SERET Months TOWN Salisbury RURAL A. DATE (Month) OF DEATH: May SERVICE MIDOWED, DIVORCED, WIDOWED, DIVORC	(Day) (Year) 11 19 55 1 YEAR IF UNDER 24 HRS. HOURS Min. COUNTRY? U.S.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bastern Shore State Hospital 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) OF DECEASED: (Type or Print) JOHN WILLIAM BAKER DEATH: May 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED, RACE: WIDOWED, DIVORCED, (Specify): Widowed 10/7/78 76 yrs. Months Months	(Day) (Year) 11 19 55 YEAR HOURS MIN. COUNTRY? U.S.
ADDRESS ADD	(Day) (Year) 11 19 55 YEAR HOURS MIN. COUNTRY? U.S.
DECEASED: (Type or Print) JOHN WILLIAM BAKER OF DEATH: May 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, RACE: WIDOWED, DIVORCED, DIVORCED, DIVORCED, WIDOWED, DIVORCED, DIVORCED, WIDOWED, DIVORCED, DIVORCES, WIDOWED, DIV	11 19 55 TYEAR IF UNDER 24 HRS. Days Hours Min. COUNTRY? U.S.
Type or Print) JOHN WILLAM BAKER DEATH: May 5. SEX: 6. COLOR or 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday FUNDER! Months	Days Hours 24 Has. Days Hours Min. COUNTRY?
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, DIVORCED, Specify) Widowed 10/7/78 10. USUAL OCCUPATION (Glve kind of work done during most of working life, even if retired): laborer 10. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12	Days Hours Min. COUNTRY? U.S.
male white (Specify): Widowed 10/7/78 76 yrs. 10A. USUAL OCCUPATION (Give kind of working life, even if retired): laborer 13. FATHER'S NAME: Noble Baker 14. MOTHER'S MAIDEN NAME: Lavenia Wyatt 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. MEDICAL CERTIFICATION 10. MEDICAL CERTIFICATION 10. MEDICAL CERTIFICATION 10. MEDICAL CERTIFICATION 11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	COUNTRY?
IDA. USUAL OCCUPATION (Give kind of working life, even if retired): laborer 13. FATHER'S NAME: Noble Baker 14. MOTHER'S MAIDEN NAME: Lavenia Wyatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates unk.) of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	COUNTRY? U.S.
even if retired): laborer 13. FATHER'S NAME: Noble Baker 14. MOTHER'S MAIDEN NAME: Lavenia Wyatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates unk.) of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION	U.S.
13. FATHER'S NAME: Noble Baker 14. MOTHER'S MAIDEN NAME: Lavenia Wyatt 15. Was Deceased Ever in U.S. Armed Forces: (Yes, no or unk.) (If Yes, give war or dates unk.) of service) 16. Social Security No. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.	
(Yes, no, or unk.) (If Yes, give war or dates unk.) (See a second to service) 16. Social Security No. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.	records
(Yes, no, or unk.) (If Yes, give war or dates unk.) (See a second to service) 16. Social Security No. 17. INFORMANT & ADDRESS: Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.	records
(Yes, no, or unk.) (If Yes, give war or dates Eastern Shore State Hospital 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.	records
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422,	records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. CA) Chronic Myocardial degeneration with generalized arteriosclerosis (B) UND TO DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from 11/9, 1954, to 5/11, 19.55 that I las	st saw the decease
alive on5/11, 1955., and that death occurred atll: 45aM, from the causes and on the date SIGNATURE	stated above.
M. D. E.S. S. Hospital, Cambridge,	Md. 5/11/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of DURIAL (SPECIFY) 5-13-1955 JERUSALEM METH. CEM. PAKSONS BUI	or county) (State

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Sewards Cemetery

James, "aryland

ADDRESS

24. FUNERAL_DIRECTOR

Cambridge.

LeCompte Funeral Service

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1. PLACE OF DEATH- COUNTY Tore hes ter	MARYLAND	2. USUAL RESTORNUE (H	OME) OF DECEASED.	TY Dar
CITY (If outside corporate limit, note RURAL and OR give new town)	LENGTH OF STAY	CITY (If outside of pora	limits, wate RURAL and	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location)	/
3. NAME OF DECEASED Minnie Sea	Middle)	Coul bourne	4. DATE (Month) OF DEATH 5	(Day) (Year
Remale Thile	WE DIVERCED.	12/31/1897	9. AGE last birthday If und Month	
10a USUAL OCCUPATION (Give kind of work doneduring most of working life, even treatfred) (Noting	IND OF BUSINESS OR	11. BIRTHALACE State or	foreign country)	ONTE WA
13. FATHER'S NAME and Heigh	hee	14. MOTHER'S MAIDEN	NAME Clerken	own)
15. Was Deceased Afer In U.S. Armed Forces? 18. So (Yes, no, or unknown) (If year, give war or dates of service)	OCIAL SECURITY No.	17. INFORMANT AND	ndd Secret	ary Med
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	/i / /	alevoca	rcinoma	ONSET AND DEAT
	010	wereins	ma. Prince	10:00
etating the underlying cause last.	rce vali	io Collina	The Cours	eyid.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	terd Con	dotom	~	419/55
19a. DATE OF OFERATION 19b MAJOR FINDING	S OF OPERATION	no ceri	Pa.	20. AUTOPSY? Yes □ No()
	e, farm, factory, street, ldg., etc.)	(CITY OR T		Y) (STATE) "
TIME (Month) (Day) (Year) (Hour) INJUR' OF INJURY m. Work	Y OCCURRED Not While At work,	HOW DID INJURY OCC	CUR7	
22. I hereby certify that I attended the decease	sed from 3/18	1955, to 5/16		

BECEINED

BUREAU V. S.

2361 3S YAM

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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	V.S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 04599 Reg. Dist. No. 110 4626

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UKKIIFI	$\cup A$		C) P		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Dorchezter MARYLAND	state Maryland county Dore	chester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	
OR and give nearest town) (in this place)	OR	au give mearest sown,
X TOWN Hurlock, Rural.	TIGHT TOOK , THE COL	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	/
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (D	hy) (Year)
DECEASED: (Type or Print) Mary Eliza De	ennis of Death: May 4	th. 1955
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday IF UNDER I VI ofth. I909 46 yrs. Months Da	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Laborer Cannery, Home,	Maryland. U	.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas Pinckett.	Daisy Nowbray,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES: 10. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service) 220-01-7913	Mrs Daisy Cornish, Vienns	5M e
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN ONSET AND DEATH
17/X IMMEDIATE CAUSE (A) GCncfc//2e	orcium tous	5 news
ANTECEDENT CAUSE (S)	OUR CERVIX	8-9m s
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		7/1/3
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION		
198. MAJOR FINDINGS OF OPERATION		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
The state of the s		saw the deceased tated above.
23. BURNAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	
	wn Cemetery Hurlock, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S - 1955 Chaple Hadens	J.J.Framptom & Son. Fede:	ralsburg,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MINDICAL MARKETINE OF DEALER NO	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
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2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: COUNTY Dorchester Maryland county Dorchester MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Cambrid (in this place) TOWN Cambridge Cambridge STREET (If rural, give location) HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital ADDRESS Oaklev Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF DEATH (Type or Print) MOORE GOLIT 1955 GERALDINE 7. SINGLE. MARRIED. 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, (Specify): DIVORCED RACE: Months Female 4-27-1923 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: U.S.A. Maryland even if retired): Housewille Own Home 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Madaline Tregoe Ausbrev L. Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Ausbrey L. Moore: Cambridge, Maryland service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (a) & Fract y cervical vertibras a lumbon vertibrae 824.X Immediate cause Antecedent cause(s) (b) & Compound fract of left by Diseases or conditions, if any, giving rise to the above cause DUE TO avula stating underlying cause last 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No P 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21c. (City or town) (State) 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., Dorchester RT H 50 21f. HOW DID INJURY OCCUR? Jumped out (Hour) | 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) Not while truck & then struck by can while him in so INJURY 5 at work work [22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and and that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) : May 24, 19551 Dorchester Memorial Park Cambridge. Maryland 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE LeCompte Funeral Service

of information of death clearly item Supply every iter write the causes FOR INK. UNFADING Physicians: p E PLAINLY, WITH especially important.

carefully. The correct and legibly.

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WRITE ge is e

PLEASE

East new market,

46 77 CERTIFICATE OF DEATH

Q12072-1001-00	or a select over 10000	
1. PLACE OF DEATH- COUNTY Orelester MARYLAND	2. USUAL BESIDENCE (HOMEY OF DECEASED-COUNT	y Dov.
CITY (If outside coporate limits, write RUKAL and LENGTH OF STAT OR give nearest town) where gle on this place.	CITY (If outside corporte thnits, write RVRAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
3. NAME OF DECEASED (First) (Middle) (Type or Print) (Type or Print)	Graff GEATH May	(Day) (Year) 5, 19 5
Semale thile The Transfer	10/16/18/1 83 yrs. Months.	I year If under 24 hrs. Days Hours Min.
done dring most of working life, evan in the life of t	marifand,	OWNTERN OF THAT
13. FATHER'S NAMED South	14. MOTHER'S MAIDEN NAME Maighret Trick	ley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Yes, no, or unknown) (If year, give war or dates of service)	low Diay, East He	Merket no
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1420 Landing to death Immediate cause (a)	Infarction	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ste CVD	no
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	in RLL	1 wh
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	2, 1955, to be 4, 1955, that I last a ADDRESS	
23 STRIAL, CREMATION DATE 5 NAME OF ASSETE	CREMATORY LOCATION City Local or cour	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	MALESTARAL DIRECTOR	MODRESS /

MARGIN RESERVED FOR BINDING

OBVIEDER S261 81 YAM



CERTIFICATE OF DEATH

Reg. Dist. Nol/ Z

1. PLACE OF DEATH. COUNTY Torchestee MARYLAND.	2. USUAL STATE RESIDENCE (HOME) OF DECKASED. COUNT	1-00.
CITY (If cotalde composite limits, write RURAL and LENGTH/DF/STAY OR give nearest win) TOWN TOWN	CITY (If outside corporate thinks, write AVERAL and gi	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	/
3. NAME OF DECEASED (Type or Print) Herman Douglas	Hurless Anna (Month)	(Day) (Year)
male, Thile WIDOWED DIVORCHO,	7/24/1887 6 7 yrs. Months	r. 1 year If under 24 hrs. Days Hours Min.
done dring most of working life, even if retired) Value of the control of the	maryland	Cotoffey?
13. FATHER'S WIME Starley	Mary Joseman	/ /
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Misdelfa Gray Celly	et, ma
IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
153.3 Immediate cause (a) Cerebral The	ombosis	Thour.
Antecedent cause(s) anterior class	Ones	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Vasculor Disease	6412
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	whisprocesse	0
191. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, off office bldg., etc.)	(CITY OR TOWN) (COUNTY	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	How did injury occurs	
	, 1957 to // 1957, that I last	
SIONATURE (Degree or tyle)	ADDRESS ADDRESS AND A SECONDARY OF THE S	stated above
REMOVINGED 3/2//55 NAME OF CHATE	ERY OR CREMATORY LOCATION City, town or cou	o Ald
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5 21/55 Chrabith Craft	Luch S. Hellough	ADDRESS
	Dart New Market	ma,

DECENED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4698

FOR BINDING

VS.

CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

I. PLACE OF DEATH:		2. USUAL RESIDEN	ICE (HOME) OF	DECEASED:	
COUNTY Dorchester	MARYLAND	STATE Mary	and county	Dorohest	on
CITY (If outside corporate limits, write RURAL)	LENGTH OF STAY	CITY(If outside co	rporate limits, write		
OR and give nearest town) Cambridge	(in this place)	OR TOWN Righ	nops Head		./
HOSPITAL OR	I day	STREET	(If rural glve	e location)	<u> </u>
STREET ADDRESS Cambridge Marylan	d Hospital	ADDRESS P.C).		
3. NAME OF (First) (Mide DECEASED: (Type or Print) GEORGIA		ast)	4. DATE (Mon		(Year)
Type or Print) 5. SEX: 16. COLOR OR 17. SINGLE, MARRI			AGE last birthday		19 55
Female White (Specify): Wido	ORCED			Months Days	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR II	OF BUSINESS	II. BIRTHPLACE (St	ate or foreign count	COU	JNTRY?
Housewile Town Hom	ie	Maryland		U.S	S.A.
3. FATHER'S NAME:		14. MOTHER'S MAI			
Gerrge Wingate		Virginia			H-1721
S. Was Deceased Even In U.S. Anned Forces: 1s. Soc Yes, no, or unk.) (If Yes, give war or dates	HAL SECURITY NO.	17. INFORMANT &			
	none	Miss. Jennie	Jones : Bish	ops Head	, Md.
18. MEE	DICAL CERTIFICATIO	N		LINT	ERVAL BETWEEN
- Breston					
I DISEASES OR CONDITIONS DIRECTLY LEADIN			1		
420.1		newy or	clusion		2 days
IMMEDIATE CAUSE (A)	G TO DEATH	neny or	clusin		
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE (S)	G TO DEATH	nay or	Diseus		
IMMEDIATE CAUSE (A)	Corona	nay or	D seus		
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	G TO DEATH CONO	nay or	D seur		
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IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IOTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ISA. DATE OF OPERATION: 19B. MAJOR FINDIN OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH	OTING CE (Home, farm, factor y street, office bldg., et	y Alast y Alast 21c. Where DII te. INJURY OCCUR?		ON:	7 grs. O. AUTOPSY7
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IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IPA. DATE OF OPERATION: IPB. MAJOR FINDIN OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF TINJURY ALLOW MALE 218. PLACE OF INJURY While at work 22. I hereby certify that I attended the decess alive on 1997, and that decess alive on 1997, and that decess ALLOW MALE ALLOW AL	OTING LES OF OPERATION CE (Home, farm, factory street, office bldg., et at work at work ased from leath occurred at the name of cemeters)	21F. HOW DID IN. (7, 19, to	JURY OCCUR? 2.5., 19.5., the causes and on the land of the land o	(County) at I last saw he date state DATE SI	O. AUTOPSY7 ES NO (State) We the deceased ed above. IGNED 24 / 55 IGNED (State)
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCCUPY TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION (Fear) DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION (Fear) DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION (Fear) DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITIONS (C) (C) (C) (C) (C) (II) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS (C) (C) (C) (D) (C) (D) (E) (D) (C) (D) (D) (D) (D) (D) (D	TING CE (Home, farm, factor y street, office bldg., et at work ased from leath occurred at MAME OF CEMETER Dorchester M. I	21F. HOW DID IN. (19, to) (40) M, from the ADDRESS (19) (19.	LOCATION (City Cambridge	(County) at I last saw he date state DATE SI , town, or counts, Maryla	O. AUTOPSY7 ES NO (State) We the deceased ed above. IGNED 24 / 55 IGNED (State)
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IPA. DATE OF OPERATION: ISB. MAJOR FINDIN OR CONTRIBUTING CAUSE OF DEATH OF INJURY OF INJURY AUX. III. TIME (Month) (Day) (Year) (Hour) While at work OF INJURY 21. I hereby certify that I attended the decess alive on SIGNATURE AUX. AUX. AUX. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) BURIAL BURIAL CREMOVAL (SPECIFY) BURIAL CAUSE DUE TO (A) DUE TO (B) DUE TO (C) (C) (C) (C) (C) (C) (C) (C	UTING GE (Home, farm, factor y street, office bldg., et at work ased from leath occurred at NAME OF CEMETER Dorchester M. ITURE	21F. HOW DID IN. (19, to) (40) M, from the ADDRESS (19) (19.	LOCATION (City Cambridge C	(County) at I last saw he date state DATE SI , town, or counts, Maryla	O. AUTOPSY? ES NO (State) We the deceased above. IGNED (State) (State)

DECEIVED

AMY 34 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMI	NER'S CER	TIFICATE	OF	DEATI	H No	
I. PLACE OF DEATH:		2. USUAL RESIDENCI	E (HOME)	OF DECEASED:		
county Dorchester	MARYLAND	STATE Maryla	nd cor	INTY Dorche	ster	
CITY (If outside corporate limits, write RUI OR and give nearest town) 3 TOWN Cambringe	RAL LENGTH OF STAY (in this place)	CITY (If outside co		its write RURAL	and give neares	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Locust St.		STREET ADDRESS 116 L	(If locust S	rural, give locati	ion)	1
3. NAME OF (First) DECEASED: (Type or Print) Francis A	(Middle) Arthur Laskowski	(Last)	4. DATE OF DEATH	(Month) May 2,1	(Day) (Year) 955 19	
Male RACE: WIDON (Specify	WED, DIVORCED,	e of Birth: 9.	AGE last b	irthday: IF UNDE		Min.
	10b. KIND OF BUSINESS O INDUSTRY:	Brooklyn N		oreign country):	12. CITIZEN O	F WHAT
13. FATHER'S NAME:		14. MOTHER'S MAID				
Henry M.Las	skewski	Jennie Gle	eason			
15. WAS DECEASEO EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	10. BOCIAB BECCRITT 110	17. INFORMANT & AD	DRESS:			
No service) No	219-03-1739	Edw.H.Laskowsk	ci,116 I	Locust St.	, Cambridg	е
	18. MEDIC	AL CERTIFICATION			1.	D
I. DISEASES OR CONDITIONS DIRECTLY LE	EADING TO DEATH:				INTERVAL ONSET AN	
Immediate cause (a)	Coronary occ	clusion			died in	n sleep
DUE TO	······································	······································	• • • • • • • • • • • • • • • • • • • •	3 a a a 3 0 · · · · · · · · · · · · · · · a a 0 a · · · ·		
giving rise to the above cause DUE TO			••••••••••			••••••
TO THE SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OF CONDITION CAUSING DEA	TO THE					
19a. DATE OF OPERATION: 19b. MAJOR F	INDING OF OPERATION:				20. AUTO	PSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	LACE (Home, farm, factory) F street, office bldg., etc NJURY	21c. (City or town))	(County)	(State)	
21d. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY M.	He. INJURY OCCURRED While at Not while work at work	21f. HOW DID IN	JURY OCCU	TR?		
22. I hereby certify that I took charge						
find that death resulted from: Na	atural causes [4], Acci	CHIEF DEPUTY	MEDICAL 1	EXAMINER EXAMINER	etermined ca	SIGNED
23. BURIAL CREMATION, DATE THEREOREM REMOVAL (Specify): Purisl May / 1055				N (City, town, o	or county)	(State)
DATE REC'D BY LOCAL REGISTRARS	SIGNATURE	Kenneth R. Th	cror monas, Co	embridge,	1d. ADDI	RESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BECENED

SGGI & YAM

A15A - 5 - 53

MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	No. //6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Wicomic	eo
CITY (If outside corporate limits, write RURAL LENGTH OF	STAY CITY (If outside corporate limits write RIJRAL an	
OR and give nearest town) TOWN Cambridge Sweeks 3	edays OR Rural Salisbury	22, X-0
HOSPITAL OR INSTITUTION OR Eastern Shore State Hospital	STREET (If rural, give location) ADDRESS Pineway Route 5	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Samuel	(Last) 4. DATE (Month) (Day OF DEATH May 8	y) (Year) 1955
Male RACE: WIDOWED, DIVORCED, (Specify): Married	JULY 8. 192/ 2/ vrs.	YEAR IF UNDER 24 HRS ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Service Station Automotive	ESS OR 11. BIRTHPLACE (State or foreign country): 12 Delmar Maryland	COUNTRY?
13. FATHER'S NAME: attend.	14. MOTHER'S MAIDEN NAME:	
Clayton Lavfield	Mary Layfield (maiden name unkr	own)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	No.: 17. INFORMANT & ADDRESS:	
No service) unknown	Eastern Shore State Hospital Re	cords
DUE TO	tus	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Acute TO THE DEATH BUT NOT RELATED TO THE	Brain Syndrome with	
DISEASE OR CONDITION CAUSING DEATH. Met.	abolic Disturbance	3 yrs
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATI	ion:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bld CAUSE OF DEATH.	g., etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR While at Not work □ at wo	vhile	
22. I hereby certify that I took charge of the remains of find that death resulted from: Natural causes SIGNATURE	described above, held an Autopsy , Inspection Accident , Suicide , Homicide , Undete CHIEF MEDICAL EXAMINER	, Inquiry [], an rmined cause [] DATE SIGNED May 8, 1955
Burial 5-10-55 Lecates		RFD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 10, 1955 John Maer, Jr. M	.D. M. S. Manil Co Lle	lma, Ke

462 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 yrs.

BUREAU V. S.

APOL II YAN

GECEINED

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1. PLACE OF DEATH:		2,	USUAL RESIDE	NCE (HOME) OF D	DECEASED:	
COUNTY Dorchester	MARYLAN		STATEMarvla	and country	Danahand	- Talha
CITY (If outside corporate limits, wr	ite RURAL LENGTH	OF STAY	CITY(If outside o	orporate limits, write	RURAL and g	
3TOWN Cambridge	(in thi	s place)	OR TOWN	P		20 x-
HOSPITAL OR	1116		STREET	ford (If rural give	location)	aun
90 STREET ADDRESS Passwater	Convelesent Ho	ome	ADDRESS P.C			V
3. NAME OF (First)	(Middle)	(Last)		4. DATE (Mont	th) (Day)	(Year)
OECEASED: (Type or Print) SARA	C.	LONG		OF DEATH: MA	Y 15	19 5
RACE: WID	OWED, DIVORCED.	8. DATE OF		. AGE last birthday 1	Months Days	Hours Min
OA. USUAL OCCUPATION (Give kind of		SINESS 11.	1	State or foreign count		ZEN OF WH
even if retlred): Housewife	Own Home	2.5	arvland		II.S.	Δ
3. FATHER'S NAME:		14.	MOTHER'S MA	IDEN NAME:		
George T. Swain			Mary T.	Williams		
(Yes, no, or unk.) (If Yes, give war or da of service) I DISEASES OR CONDITIONS DIRECT	none	Mr	s. Irene S	chult: Balti		ERVAL BETWE
33/X IMMEDIATE CAUSE	(A)	Cerel	al He	norshag	e 2	-day
ANTECEDENT CAUSE (S)	DUE TO	0	1	. 0.		20
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	cally	ed Anle	nocleos		
II OTHER SIGNIFICANT CONDITIONS	(C)					
TO THE DEATH BUT NOT RELATED	TO THE					
DISEASE OR CONDITION CAUSING	JOR FINDINGS OF C	PERATION				
0					YE	D. AUTOPSY
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, OF INJURY street,		21c. WHERE D INJURY OCCUR	City or town)	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hou	While Not	while work	IF. HOW DID IN	IJURY OCCUR?		
M M			10 1	115 105T AL	at I last saw	the deceas
OF INJURY M 22. I hereby certify that I attende	d the deceased from	n S./14/50,	19, to	, 197 , th		
22. I hereby certify that I attende	d the deceased from		0/			ed above.
22. I hereby certify that I attende alive on	and that death occ	curred at //	M, from the ADDRESS	the causes and on the	he date state	ed above.
22. I hereby certify that I attende alive on	and that death occ	curred at //	M, from the ADDRESS R CREMATORY		he date state	ed above. GNED

MARGIN RESERVED FOR BINDING

A15-10-53

BECEIVED

REGISTRAR'S SIGNATURE

mace

A15

S

DATE REC'D BY LOCAL

REGISTRAR

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY If outside corporate limits, write RURAL and give nearest town (If rural give location) ADDRESS 214 Henry Street. 4. DATE (Month) (Day) (Year) May 24,1955 19 9. AGE jast birthday! IF UNDER ! IF UNDER 24 HRS Months | Hours 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT Nora M. Lyons, 214 Henry St., Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH (County) (State) , 19 to 5 - 19 that I last saw the deceased and that death occurred at 4:30 Re, from the causes and on the date stated above. DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Greenlawn Cambridge .Md. 1955

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENVED 1955

MARYLAND STATE DEPARTMENT OF HEALTH

4612

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

68	
The correct	
ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.	
INK. Splease w	
UNFADING t. Physicians:	
, WITH UN important.	
E PLAINLY, is especially i	
WRITE P	
ASE V	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK.

M

1. PLACE OF DEAT COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (STATE Mar	nome) of decease	ED- COUNTY	Dor	
CITY (If outside	corporate limits, write RUR.	AL end LENGTH OF STAY	CITY (If outside corpo	rete limits, write RUR.	AL end give	nearest town)	
3 OR give neares	Cambridge	(in this plece)	OR TOWN Ca	mbridge		/	13
HOSPITAL OR	OR Cambridge N		STREET ADDRESS	(If rural, give l	ocation)		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth)	(Dey) (Year)
DECEASED	Donald		Macer	OF *	lav	2	-
(Type or Print) 5. SEX	6. COLOR OR RACE	Donel	8. DATE OF BIRTH	DEATH I	N.	year III under	19
Male	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	4-10-55	Vrn.	Months.	Days Hours	Mln.
10a. USUAL OCCUI done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. C	CITIZEN OF	WHAT
13. FATHER'S NAI	ME		1 14. MOTHER'S MAIDEN	NAME			
Arthi	ur Macer		Alene St	anley			
	EVER IN U.S. ARMED FORCES	? I6. SOCIAL SECURITY No.	17. INFORMANT				
(Yes, no, or unknown)	(If year, give war or dates of service)	of	Mrs Alene	Macer-Madi	son,	Md.	
I. DISEASES OR C	conditions directly	December deserve	RTIFICATION			INTERVAL BET ONSET AND I	
Antecede	ent cause(s)	Dalmana con	acation.				
Diseases or	conditions, if eny, (b)	Pulmonary con	gestion	*******************************	in	** *** *** *****************	
giving rise	to the ebove cause underlying cause last	Cerebral dama	as due to sas	romio	J		
II. OTHER SIGNIF	(c)		ge due to and	Xelita			********
		FINDINGS OF OPERATION				20. AUTOPS	Y?
						Van D	No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, ferm, fectory, street,	(CITY OR	TOWN)	COUNTY)	Yes []	
SUICIDE HOMICIDE	OF	office bldg., etc.) JRY			,	(52722)	
TIME (Month) OF INJURY	(Dey) (Yeer) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CURT			
22. I hereby cer	tify that I attended the	e deceased from Apr.	10,155 , to May 3	3. , 1955, that	I last sa	w the decea	ased
alive on Mar	y 3, 19,55 an	that death occurred at	7 P.m., from the	e causes and on the	date sta	ted above. DATE SIGN	NED
	J. EDWI		227 Pine St-0	Camb., Md		0 13	955
23. BURIAL, CREM	(II) 5/5/195	5 Madison Ce	emeterv	LOCATION (City, town Madison,			te)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR		ADDRESS	
mays,	rundof 22P.	nace fr. m. D.	Herbert M.St		, Camb	ridge,	vid.
204521	7/332	J					

DECEIVED 9 1955

4613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04600

1. PLACE OF DEATH COUNTY			STATE	HOME) OF DECEASED.	V
CYTONY (Ye	Dorchester	MARYLAND	Maryla		Dor
13 OR give nearest	orporate limits, write RUR town) Cambridge	AL and LENGTH OF STAY (in this place)	OR TOWN Cambri	rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	2	Md Hospital	STREET ADDRESS Wrig	(If rural, give location)	1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DECEASED				OW	(Day) (Year)
(Type or Print)	Tevis	Laverne 7. SINGLE, MARRIED,	Matthews 8. DATE OF BIRTH	DEATH May	3 19 5
Female	Negro	WIDOWED, DIVORCED, (Specify)	Apr-19-55	9. AGE last birthday If under Months	l year if under 24 hrs. Hours Min.
10s. USUAL OCCUPA done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country) 1:	COUNTAY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
Reginald	Sharp		Mildred M	atthews	
15. WAS DECRASED EX	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 8 Wrigh	it St
(Yes, no, or unknown)	(If yes, give war or dates of service)		Mildred Mat		
7		18. MEDICAL CE		Campric	De Mu
T DISEASES OF CO	NDITIONS DIRECTLY				INTERVAL BETWEEN
	MDITIONS DIRECTLI	LEADING TO DEATH			ONSET AND DEATH
763. Immediate	cause (a)	Inanition		*	***************************************
giving rise to stating the u	onditions, If any, (b)	Bronchopneumo	IIIIa		
		INDINGS OF OPERATION			20. AUTOPSY?
9					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNTY)	
TIME (Month)		INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
22. I hereby certi	fy that I attended the	deceased from May 2	, 19 to May	3.,, 1955, that I last s	aw the deceased
alive on Mar SIGNATURE	7 3 19.55 ar	that death occurred at	2:50A m., from the	causes and on the date st	ated above. DATE SIGNED
	J. EDWI	N FASSETT .M.D	227 Pine St-	Camb., MdMay	4. 1955
23. BURIAL, CREMA	ATION DATE THERE	F NAME OF CEMETE		LOCATION (City, town, or count	
REMOVAL (Speci			metery	Cambridge, Mar	yland
DATE REC'D BY I	- 10 .	0	24. FUNERAL DIRECTO		ADDRESS
May 5, 19.	14 John m	ace, m. i).	Herbert M.S.	t.Clair, Jr., Cam	bridge, Md.
204520	2435				

BUREAU V. S.

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BUREAU V. S.

Soul 6 NUL

Complete (2), and a section of the property of the section of the

DECENTED

Bethal Cemetery

a. m.

24. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

Cambridge, Maryland

Herbert M.St.Clair, Jr., Cambridge, Md.

PLAINLY, 囯 WRIT SE PLEA!

and legibly.

clearly information

death

causes

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of

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Supply

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Physicians:

important. WITH

especially

SUICIDE

REGISTRAR

DATE REC'D BY LOCALI

INJURY

RESERVED FOR

carefully.

COUNTY

TOWN

3. NAME OF

Female

BUREAU V. S.

2381 & YAM

BECEINE.

VS. A15

OBVIEDES RAY 10 1955

BUREAU V. S.

VS. A15-10-53

pply every item of information carefully. The

BIL	e 5	OIIII
, p	Writ	18. WAS DECEASED EVER IN U.S
FOR	Se N	(Yes, no, or unk.) (If Yes, g no of service)
9	UNFADING INK. Su sicians: please write	Z DISEASES OF SOURIE
KESEKVED	AIC P	1 DISEASES OR CONDIT
H H	ns:	IMMEDIATE CAU
3	Cia N	ANTECEDENT CAUS
	03	DISEASES OR CONDITION
MAKGIN		STATING UNDERLYING
AK	nt.	II OTHER SIGNIFICANT
E	MINLY, Wimportant	TO THE DEATH BUT NO
	N du	19A. DATE OF OPERATION:
	PLAINLY, WITH lly important. Phy	ONONE
		21A. ACCIDENT WAS UNDO
	vrite Fespeciall	(IF EITHER, NOTIFY MEDICAL
	WRITE s especia	21D. TIME (Month) (Day) OF "INJURY
	24 ·H	
	200	22. I hereby certify tha
	n.,	alive on 5-25
		Elevin
		23. BURIAL, CREMATION REMOVAL (SPECIFY)
	LEA	Burial
	PI	DATE REC'D BY LOCAL REGISTRAR
		5-30-55

4629	CERTIFI	CATI	E OF DE	ATH Reg. D	ist. No. 116
1. PLACE OF DEATH:			2. USUAL RES	SIDENCE (HOME) OF DECEA	SED:
COUNTY Dorchester	MARYLAN	ND.	STATE Ma	aryland county Do	rchester
CITY (If outside corporate limits, write	RURAL LENGTH	OF STAY	CITY(If outs	side corporate limits, write RURA	
X TOWN Cambridge (Rur		is place)	TOWN Ca	ambridge (Rural)	X
HOSPITAL OR			STREET	(If rural give locati	on)
INSTITUTION OR STREET ADDRESS (Cornersvi	lle RFD#3)	ADDRESS	(Cornersville RFD#	(3)
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) MARY	E.		RTH	DEATH: MAY	27 19 55
5. SEX: 6. COLOR OR 7. SINGLE RACE: WIDOW	. MARRIED. ED, DIVORCED,	8. DATE	OF BIRTH:	9. AGE last birthday IF UNDER	
Female White (Specify)	: Widowed	1-7-1		92 yrs. Months	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	or industry	SINESS Y:	Maryland	E (State or foreign country): 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		-		MAIDEN NAME:	0.00.11.
John N. North				ane B. Frazier	
s. Was Deceased Ever in U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates	18. SOCIAL SECU	RITY NO.	17. INFORMAN	T & ADDRESS:	
of service)	none		Milton Non	rth: Cambridge RFD#	3 Md.
/	18. MEDICAL C		ION		INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY	LEADING TO DE	EATH			ONSET AND DEATH
153X	(A) Ca	ANTI	Dua 1	ext. Calors	16100
IMMEDIATE CAUSE	DUE TO	NEW	word re	in. Com	The
ANTECEDENT CAUSE (8)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)				
STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CO	(C)	Α	4_		
TO THE DEATH BUT NOT RELATED TO	THE a	rlerio	Silevolie	CVR Diseon	15cs/
DISEASE OR CONDITION CAUSING D	EAIM.			700	20 4117050110
ONONE					YES NO
21A. ACCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTION OF CONT	18. PLACE (Home F INJURY street,	, farm, fact	etc. INJURY OC		ounty) (State)
OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY O	OCCURRED	21F. HOW DI	D INJURY OCCUR?	
М.	at work at	work			
22. I hereby certify that I attended th	he deceased fro	m4-20	, 1946, to	5-27 , 19 XX, that I l	ast saw the decease
alive on 5-25, 1945, and	d that death oc	curred at	7:30 P. M. from	the causes and on the day	te stated above.
SIGNATURE OF THE H	Ja011		ADDF		DATE SIGNED
23. BURIAL, CREMATION, DATE THERE	OF NAME		D. CREMATO	DRY LOCATION (City, town,	or county) (State
REMOVAL (SPECIFY) Burial 5-30-1955			emetery	Cambridge, Mar	
	S SIGNATURE		24. FUNERA	L DIRECTOR	ADDRESS
REGISTRAR 5-30-55 John 1	nace. m.	2.	LeCom	pte Funeral Service	3



JUN 3 10EE

BECEINE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

04614

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
MARYLAND MARYLAND	mo	CLLETLA
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi-	ve nearest town)
TOWN Cambridge 2 days	TOWN LURLOCK	X
HOSPITAL OR	STREET (If rural, give location)	1
67 INSTITUTION OR Cambridge had dogstol	ADDRESS WEBSTER ST	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) ALICE JANE	PHILLIPS OF DEATH 5	10
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH	10
lemale white WIDOWED, DIVORCED, (Specify) merced	XIA 10 10.6 Months	Days Hours Min.
10h. USUAL OCCUPATION (Give kind of work 10h. Kind of Business or		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14 MONUMPIG PLANTING NAMES	4.5
GATHUR GGUARA	14. MOTHER'S MAIDEN NAME	-1
MICINAL ESPERINGE	THORENCE WHENTLE	9
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
service) service)	HERMUS WAILLIPS	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
112011	. 0	0 1
Immediate cause (a) Coronary	occusion	2 days
Antecedent cause(s)		
Disease or conditions, if any, (b)		
giving rise to the above cause		
atating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	. ~ . ^	
related to the disease or condition causing death.	on essential	3 yrs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(000,111)	(OARID)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	110 W BIB INVOICE COCOR.	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Dec 12	1053 to hour 15 1057 11-172-1	
22. I hereby termy that I attended the deceased from	os 1988. to	aw the deceased
alive on way 18, 1955, and that death occurred at 6	a, m from the causes and on the date at	atad aharra
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
alfred R. Maryamor M.D 1	2	Chala.
	36 Race S, Cambridge	2/11/72
23. BURIAN CREMATION DATE THEREOF NAME OF CEMETER		ty) (State)
MEMOVAL (Specify) 5/24 55 FIRE m 5		4-2 A
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FEDVERAL DIRECTOR	ADDRESS
meg. 1955 Kale mace m.D.	10.101 . 4/ 11.7	ADDRESS
Transay, 144 Jam War. 14.5.	Junes James Salum	un mid

2361 9S YAM

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,]	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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CERTIFIC	ATE	OF	DEA	TH

04615 18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	
OR and give nearest town) (in this place) 73 TOWN Cambridge	or Town Bishops Head
HOSPITAL OR	STREET (If rurai give location)
STREET ADDRESS Appleby Avenue	ADDRESS P.O.
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ADA MEREDITH PRI	DEATH: PLAT 24 19 33
DAGE WHIDOWED DIVIDED	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 0-1895
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA' Maryland
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Millard Meredith	Georgia Parks
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Marcella Tolley : Fishing Creek, Md.
ANTECEDENT CAUSE (S)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1434,1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TION INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	TION INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434,1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	FION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TION INTERVAL BETWEEN ONSET AND DEATH ISTIVE HEART FAILURIE I YEAR
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 134,	INTERVAL BETWEEN ONSET AND DEATH I.S.T.IVE. HEART FAILURIE YEAR 20. AUTOPSY? YES NO PART OF THE PROPERTY OF
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 134,	INTERVAL BETWEEN ONSET AND DEATH I.S.T.IVE. HEART FAILURIE V.S.A.M. 20. AUTOPSY? YES NO TO NOTE NOTE NOTE NOTE 1. STIVE HEART FAILURIE V.S.A.M. V
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 134, IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor of Injury Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) 19B. MAJOR FINDINGS OF OPERATION OF INJURY Street, office bidg., While Not while at work 21D. TIME (Month) 21E INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from alive on 2.4 May, 19.5 and that death occurred at SIGNATURE 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET.	INTERVAL BETWEEN ONSET AND DEATH I.S.T.IVE. HEART FAILURIE V.S.A.M. 20. AUTOPSY? YES NO TO NOTE NOTE NOTE NOTE 1. STIVE HEART FAILURIE V.S.A.M. V

DECEINED SE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04616

4630

CERTIFICATE OF DEATH

leg. Dist. No. 116

1. PLACE OF DEAT	NA.		2. USUAL RESIDENCE (I	HOME OF BEGInner	
COUNTY _			STATE	COUNT	Υ
	rchester	MARYLAND	Maryland	1	Dorchester
. / OR give neares	st_town)	(in this place)	OR OR	ate limits, write RURAL and gi	ve nearest town)
> TOWN	Cambridge (Rura	l) life	TOWN Cambri		X
HOSPITAL OR INSTITUTION C STREET ADDRI	OR RFD# 3		STREET ADDRESS RFD #	(If rural give location)	/
3. NAME OF DECEASED	(First)	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	W.	RUSSELL	SEWARD	DEATH MAY	11 1955
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) HATTLED	8. DATE OF BIRTH 12-24-1895	9. AGE last hirthday If under Months	r 1 year If under 24 hrs. Days Ifours Min.
	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWN	Maryland	or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAI		General Farm	14. MOTHER'S MAIDEN	NAME	0.0011.
	Charles W. S	eward	Evelyn F		
15. WAS DECEASED F	EVER IN U.S. ARMED FORCES		1 17. INFORMANT	tamptel	
(Yes, no, or unknown	(If year, give war or dates			Seward: Cambridge	מו ב ו/חתת
unknovm	service)	1 220 34 1100	I III D. MILUA N.	Seward: Cambridge	$\frac{1}{2}$ REDIF 3. MC
Immedia Antecede	ate cause ent cause(s) conditions, if any, (h)	LEADING TO DEATH The flow Continue of the	laren,	13bani	INTERVAL BETWEEN ONSET AND DEATH
giving rise stating the	to the above cause underlying cause last (c)		. 0		
Conditions contrib	outing to the death hut not ease or condition causing deat				
19a. DATE OF OPI	FATION 196 MAJOR 1	FINDINGS OF OPERATION	-tury	-grand	Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	CITY OR	TOWN (COUNTY	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF		
	tify that I attended the	ans, 1	, 1954, to lua).//, 19.5 /, that I last s	saw the deceased
alive on SIGNATURE	ay 10, 19. J, an	d that death occurred at	_ 0		
23. BURIAL, CREM	TATION I DATE	NAME OF CENTERE	RY OR CREMATORY 1	OCATION (City	7/4/1/
23. BURIAL, CREM REMOVAL (Spe BUT1al	cify) DATE 5-13-19		Cemeterv	Cambridge. Mary	ty) (State)
DATE REC'D BY REG.	955 John Me	SIGNATURE	24. FUNERAL DIRECTO	or al Service	ADDRESS
- Hayur	100 Journal	The state of the s	Cambridge, Mar	yland	

UNAMADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH is especially important

VS. A15



02 /41



PLAINLY, WITH UNFADING INK.

especially important. Physicians:

DATE REC'D BY LOCAL

REGISTRAR'S

SIGNATURE

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME.) OF DECEASED STATE Maryland COUNTY Talb	
CITY (If outside corporate limits, write RURAL STRUCTH OF STAY OR and give nearest town) TOWN Cambridge	CITY(If outside corporate limits, write RURAL at TOWN St. Michaels	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Lee Roland Swanh	OF 1/2 7	(Year) 6 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE iast birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS. Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter OB. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY?
13. FATHER'S NAME: William Swanhouse	14. MOTHER'S MAIDEN NAME: Elizabeth (last name unknown)	MITTE
(Yes, no, or unk.) (If Yes, give war or dates of service) WAR Unknown	17. INFORMANT & ADDRESS: Eastern Shore State Hospital I	Records
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	neumonia	2 days
	a of the pelvis with Metastasis	unknown
STATING UNDERLYING CAUSE LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis di	ue to Alcohol	18 months
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N ALL MANAGEMENT OF THE PARTY O	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from .7/21	, 1954, to .5/16, 19.55 that I last 4:30A.M. from the causes and on the date s	

2361 OS YAM

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	C	4	14	
4	n		5	

DATE REC'D BY LOCAL REGISTRAR

May 26, 1955

REGISTRAR'S SIGNATURE

Mace.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

A15.

VS.

2011 CERTIFICA	Reg. Dist. No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
county Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL on this place of the corporate limits, write RURAL (in this place) 13 TOWN Cambridge	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Willis Street	STREET (If rural give location) ADDRESS 211 Willis Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ETHEL TYLER	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: MAY 2 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D	DATE OF BIRTH: 9. AGE last birthday 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINES OR INDUSTRY: OWN Home	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Tyler	Elizabeth Wallace
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY N (Yes, plo, or unk.) (If Yes, give war or dates of service) 218-24-2677	Mrs. Reginald Brooks: Cambridge, Maryland
ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	HOSEONO -
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	AGGEST LEC A
19A. DATE OF OPERATION: 19B. ANOR FINDINGS OF OPERATION - P. F.	rental like 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, factory, bldg., etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU While Not while at work at work	RRED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3	1/9-55, 19, to 5-24, 1955, that I last saw the decease
alive on	ed at
Mountann	M.D. Cambridge 5-26-55
REMOVAL (SPECIFY)	er Memorial Park Cambridge, Maryland

24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland

DECEIVED

J.J. Framptom and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	H.	4618	CERTIFICAT	E OF DEAT	H Reg. I	Dist. No. 116
Y	ally y.	1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEA	ASED:
A	careful	COUNTY Dorchester	MARYLAND	STATE Mary	land COUNTY Dor	chester
4.	Can leg	CITY (If outside corporate limits, write	RURAL LENGTH OF ST	Y CITY(If outside co	orporate limits, write RURA	
-	rion	OR and give nearest town) 73 TOWN Cambridge	7 days	OR TOWN East	New Market - R	ural
	nat ly	HOSPITAL OR		STREET	(If rural give locat	
M	item of informa of death clearly	STREET ADDRESS Cambridge -	Maryland Hospita		ompsontown	
1	in in	3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
	of	DECEASED: (Type or Print) Joshua	John Wesley	Thomas	OF May	22 1955
	f de	BACE: WIDO	E, MARRIED, 8. DA'		AGE last birthday IF UNDE	
	S o		y) Married May 1		55 yrs.	
rh.	every item of information carefully causes of death clearly and legibly.	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer	OR INDUSTRY:		tate or foreign country):	U.S.A.
BINDING	y e	13. FATHER'S NAME:	Farm	Dorchester C		U.S.A.
S	Supply te the c			Mary Jane		
BI	K. Su write	John W. Themas	16. SOCIAL SECURITY NO.	17. INFORMANT &		
OR		(Yes, no or unk.) (If Yes, give war or date of service)	213-14-6088		, East New Mark	et. Md. RFD
F		3 No la service)	18. MEDICAL CERTIFIC	, , , , , , , , , , , , , , , , , , , ,		INTERVAL
ED	UNFADING sicians: pleas	I DISEASES OR CONDITIONS DIRECTL		0		ONSET AND DEATH
RESERVED	Q ::	420.1	(A) Myoe	udial to	T. Oile	89
SE	TH UNFA	IMMEDIATE CAUSE ANTECEDENT CAUSE (5)	DUE TO			- o mar
RE	02	DISEASES OR CONDITIONS, IF ANY.	(B) Coron	sur as Teru	Diserce	,
Z	ITH	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	1		
MARGIN	-		(c)	0		
MA		II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE	to an	1 +	5/ /-
	VL	DISEASE OR CONDITION CAUSING	DEATH. 10 21 of the	mus ceppe	edectory	117/5-5
	PLAINLY,	194. DATE OF OPERATION: 198. MAJO	eeal acut	affect	"icitis	20. AUTOPSY?
1	PL lly	A SCHOOL WAS INDEED VINCED	218 PLACE (Home form	actory. 21c. WHERE DI	D (City or town)	County) (State)
1	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	OF INJURY street, office blo	R., etc. INJURY OCCUR)	(State)
	VRI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while	ED 21F. HOW DID IN	JURY OCCUR?	
		м.	at work at work			
A.P.	E OR	22. I hereby certify that I attended				last saw the decease
53	0.		nd that death occurred	at 2:10 AMfrom the	causes and on the de	
10	SE TYPE	SIGNATURE	uls/	ADDRESS	ine ma.	DATE PIGNED
I	ASE	23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEM	M. D. CALLANY	DOCATION (City, town	n, or county) (State
115	EAS	REMOVAL (SPECIFY) Burial May 25		own Cemetery	Near East New	
4	. 7					

DECENA ED

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,
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	· ·	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	04680
	r. The	4632 CERTIFICATE OF DEATH Reg. Dist	114
M)	tion carefully.	1. PLACE OF DEATH: COUNTY COUNTY CITY (If outside corporate limits, write RURAL OR and give nearesy town) TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY COUNTY COUNTY CITY (If outside corporate limits, write RURAL or in this place) OR TOWN COUNTY COUN	chester
	nformat clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location)	1
RESERVED FOR BINDING	ITH UNFADING INK. Supply every item of information Physicians: please write the causes of death clearly and	DECEASED: (Type or Print) AMOS H. IVAVERS OF DEATH: MAY 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE iast birthday 17 under 1 v	Oay) (Year) 19 5 5 FEAR IF UNDER 24 HRS. HOURS Min. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH I (M. M.)
MARGIN	WI nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	PLAINLY, W	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION White the state of the stat	20. AUTOPSY?
A15-10-53	PLEASE TYPE OR WRITE PI correct age is especially	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) 5/21/1953 731/075 15/37 0 134/075 15/37	saw the deceased stated above. TE SIGNED 5 16 55 county) (State)
Š	4	DATE REC'D BY LOCAL REGISTEAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR	ADDRESS NI



04621 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4619 CERTIFICATE OF DEATH

Reg. Dist. No. 116

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester			
CITY (if outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)			
OR and give nearest town) (in this place)	OR			
/ Cambridge hite	TOWN Cambridge /3			
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)			
OD STREET ADDRESS 618 High Street	Fairmount Avenue			
DECEASED.	OF			
(Type or Print) LEONARD L TYI	LER DEATH: May 26, 1955			
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male Negro (Specify):Single March	1 23, 1881 74 yrs. Months Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT			
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	COUNTRY?			
even if retlred): Laborer Restaurant	Cambridge, Maryland USA			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
John Tyler	Mattie St. Clair			
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates	0 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
0 of service) 214-07-7821	Oree S. Tyler, Cambridge, Md			
18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
150× , 13	a-resolded the test of 10 das			
IMMEDIATE CAUSE (A) Choude	a bragal field + 10dag			
ANTECEDENT CAUSE (8)				
DISEASES OR CONDITIONS, IF ANY, (B) La ver	appeared 10 mg			
GIVING RISE TO THE ABOVE CAUSE DUE TO				
STATING UNDERLYING CAUSE LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING DEATH. Malvallon Corpolice head of my				
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO NO			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR? (City or town) (County) (State)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Modifi Goodii			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY While work at work				
22. I hereby certify that I attended the deceased from	, 1900, to Mag. M. 1951, that I last saw the deceased			
alive on May 25, 1955, and that death occurred at	A.M. from the causes and on the date stated above.			
SIGNATURE	ADDRESS DATE SIGNED			
and a Trompson	.o. Combude Und - Mas 30, 50			
25. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)			
REMOVAL (SPECIFY)				
Burial 5/30/1955 Waugh Ce				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
may 30, 1955 John Maco. Jv. M.D.	Herbert M.St.Clair, Jr., Cambridge, Md			
24.120	THE THE WIND AS A TOTAL S OF S A COMPATTORE S WAS			



S361 8 N/H

BUREAU V. S.

We office and the second of the

(Day)

(Year)

112. CITIZEN OF WHAT

19 5 4

Interval Between

Onset And Death

20. AUTOPSY ? Yes No P

(STATE)

SECEIVED PAN

Content Highland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04623

1. PLACE OF DEATH:	2. USUAL RESIDE	ENCE (HOME) OF DECEA	SED:
county Dorchester MARYLAND	STATE Mary	land county Tal	bot.
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY		corporate limits, write RURA	
OR and give nearest town) (in this place) Cambridge	or Town Eas		20.40.2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital	STREET	(If rural give iocation	on)
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ANN B. V.	ALLIANT	DEATH: MAY	28 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Divorced 1-21-		9. AGE iast birthday Months Months	Commence of the Commence of th
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Own Home	Deloware	State or foreign country): 1	2. CITIZEN OF WHA COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MA	AIDEN NAME:	
Thomas S. Sutliffe		san Holding	
e. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	W. Enos Val	liant: Cambridge	. Marvland
18. MEDICAL CERTIFICAT			INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEAT
	2.54		
465x			
(4)	ONAICT	EM BOLISI	30 SEC
IMMEDIATE CAUSE	BNAICT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (S)	ONAICT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	BNAKT	EMBOLISA	30 SEC
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS OF ANY, DISEASE	BNAKT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO	BNAKT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	BNAKT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	BNAKT	EMBOLISI	30 SEC
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		EMBOLISI	30 SEC
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		EM BOLISI	20. AUTOPSY?
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF 1NJURY street, office bldg.	N tory. 21c. WHERE D	DID (City or town) (Co	20. AUTOPSY?
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	tory, 21c. WHERE E	OID (City or town) (Co	20. AUTOPSY? YES NO
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work	tory, 21c. WHERE C	DID (City or town) (Co R?	20. AUTOPSY? YES No to
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While Not while at work A. 22. I hereby certify that I attended the deceased from	tory. 21c. WHERE CONTROL INJURY OCCUPANTS OF 18 PR/495 / to 28	OID (City or town) (Co	20. AUTOPSY? YES NO (State) ounty) (State)
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF TNJURY 22. I hereby certify that I attended the deceased from	tory. 21c. WHERE CONTROL INJURY OCCUPANTS OF 18 PR/495 / to 28	OID (City or town) (Co	20. AUTOPSY? YES NO (State) ounty) (State)
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work	etc. 21c. WHERE CONTROL INJURY OCCUPATION OF ADDRESS	OID (City or town) (Correction)	20. AUTOPSY? YES NO (State) ounty) (State)
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from alive on 2.7 MAY, 19.5 Spand that death occurred at	tory. 21c. WHERE CONTROL OF 121F. HOW DID IN 121F. HOW DI	OID (City or town) (Core) NJURY OCCUR? MAY, 19-33, that I lime causes and on the dates	20. AUTOPSY? YES NO (State) ast saw the decease te stated above. DATE SIGNED
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21A. TIME (Month) (Day) (Year) (Hour) OF INJURY Street, office bldg., While Not while at work at work 22. I hereby certify that I attended the deceased from 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	tory. 21c. WHERE C. INJURY OCCUPATION IN THE PROPERTY OF CREMATORY	OID (City or town) (Correction)	20. AUTOPSYTY YES NO (State) ast saw the decease te stated above. DATE SIGNED OF COUNTY) (State)
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fac OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21C. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from Alive on 27 Alay 195 and that death occurred at SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET BUTIAL SPECIP BY LOCAL REGISTRAR'S SIGNATURE	21c. WHERE CONTROL OF STATE OF CREMATORY 21f. HOW DID IT 21f. HOW DID IT 21f. HOW DID IT 21f. HOW DID IT ADDRESS 1. D. CREMATORY Cemetery 24 FINERAL D.	MAY, 19-33, that I lead to the causes and on the day of the cause of t	20. AUTOPSYTY YES NO (State) ast saw the decease te stated above. DATE SIGNED OF COUNTY) (State)



VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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	***		116

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CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

1. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL or and give nearest town) Cambridge CITY (If outside corporate limits, write RURAL (in this place))	
HOSPITAL OR INSTITUTION OR 400 Willis Street	STREET (If rural give location) ADDRESS 400 Willis Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) NETTIE HORSEMAN	(Last) 4. DATE (Month) (Dsy) (Year) VANE OF DEATH: MAY 24 19 55
Female White (Specify): Widowed 6-8-1	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
work done during most of working life, even if retired): Housewife Own Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Levin Wroten	Mary E. Wroten
(Yes, no, or unk.) (If Yes, give war or dates of service) (10. Social Security No.	17. INFORMANT & ADDRESS: 4410 Groveland Aven George F. Vane & Baltimore, Maryland
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ral hemonlage Iday
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	DN 20. AUTOPSY?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	DN 20. AUTOPSY? YES NO
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO L Octory 21c WHERE DID (City or town) (County) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of the contributing CAUSE OF DEATH OF INJURY street, office bldg	vectory. 21c. WHERE DID (City or town) (County) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg OF INJURY Street, office bldg OF INJURY OCCURRE While Not while at work 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRE While Not while at work 22L. I hereby certify that I attended the deceased from SIGNATURE 23. BURLAL, CREMATION, DATE THEREOF NAME OF CEME*	ctory. 21c. WHERE DID (City or town) (County) (State) CD 21f. HOW DID INJURY OCCUR?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 21a. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE While Not while at work at work at work at work at work 22. I hereby certify that I attended the deceased from	20. AUTOPSY? YES NO L. County 21c. WHERE DID (City or town) (County) (State) County 21f. How DID INJURY OCCUR? 23, 1955, to 5/24, 1957, that I last saw the deceased to 1/2 A.M., from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. 136 Race of Combined Signed (State) TERY OR CREMATORY LOCATION (City, town, or county) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work 21. I hereby certify that I attended the deceased from signature 22. I hereby certify that I attended the deceased from signature 23. BURGAL, CREMATION, DATE THEREOF NAME OF CEME	20. AUTOPSY? YES NO Lictory. 21c. WHERE DID (City or town) (County) (State) D 21f. HOW DID INJURY OCCUR? 23, 1955, to 5/24, 1957, that I last saw the deceased that I A.M., from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. 136 Race of Cambridge 5/26/55 TERY OR CREMATORY LOCATION (City, town, or county) (State)

OBVIEDER RESEL LE YAM

BUREAU V. S.

AINLY, WITH UNFADING INK.

PLEASE TYPE OR

VS. A15 -- 10 - 53

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, FilmG181 5-18-55 et CERTIFICATE OF DEATH Reg. Dis

1699

EUNZ CERTIFIC	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	state Maryland county Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge 7 Weeks	STAY CITY(If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR Cambridge Maryland Hospi	STREET (If rural give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) J. HILLERY	(Last) 4. DATE (Month) (Day) (Year) OF MAY 4 19 55
BACE WIDOWED DIVORCED	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min.
work done during most of working life, even if retired): Waterman 108. KIND OF BUSIN OR INDUSTRY: Fishing Industry:	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;
Joseph E. Wingate	Laura Fallen
15. Was Deceased Ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) none	Mr. Frank Wingate, Cambridge, Maryland
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	zestre Keart Failure 7 who sorroug Infarction: 7 who noofclerate C.V.D. yra.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPE	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, for CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, factory, bldg., etc. INJURY OCCUR? (County) (State)
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCC While Not was at work at work at work 21E INJURY OCC While at work at work 21E INJURY OCC While Not was at work 21E INJURY OCC While Not	RRED 21F. HOW DID INJURY OCCUR?
alive on	d at 3 M, from the causes and on the date stated above. ADDRESS M.D. METERY OR CREMATORY LOCATION (City. town, or county) Or Memorial Parks Cambridge, Maryland 24. FUNERAL DIRECTOR ADDRESS
May 10, 1955 John Macd. Jr. m	LeCompte Funeral Service

2361 II YAM

BECEINED

every item of information carefully. The

VS. A15 -- 10 - 53

)	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND ST	TATE DEPARTMEN	T OF HEALTH	H—BALTIMOF	RE, 18	14626
4623	CERTIFICAT	E OF DEAT	ГН		To. //6
1. PLACE OF DEATH: COUNTY Dorchester			ence (HOME) OF		atom
COUNTY DOTCHESTER CITY (If outside corporate limits, write look and give nearest town) TOWN Cambridge	RURAL LENGTH OF STAY (in this place) 6 months		corporate limits, writ		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Travers S	treet	STREET ADDRESS 7	(If rural givers Street)		1
3. NAME OF (First) DECEASED: (Type or Print) B ESSIE	(Middle) WARNER WO		4. DATE (Mo	MAY 5	1955
5. SEX: 6. COLOR OR 7. SINGLE WIDOW (Specify)	Married 2-16	-1897	9. AGE last birthday 58 yrs.	Months Days	Hours Min.
work done during most of working life, even if retired): Housewife	or industry: Own Home	Terre Haute	, Ind.	CO	TIZEN OF WHAT UNTRY? S.A.
13. father's name: John Warner		Not Kn	own		
15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Dr. Joseph W		ige, Mary	land
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH (A) DUE TO	y Throm	bois -		SET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B)	/			
II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE				
	FINDINGS OF OPERATIO	N			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 2000 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IB. PLACE (Home, farm, fac F iNJURY street, office bldg.	tory, 21c. WHERE E	OID (City or town)	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID I	NJURY OCCUR?		
22. I hereby certify that I attended the alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	d that death occurred at	M, from the Address	ne causes and on	the date sta	
23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY) Burial 5-1-195	OF NAME OF CEMET	ERY OR CREMATORY Memorial Park			
	S SIGNATURE	24. FUNERAL D		ce	ADDRESS

2291 II YAM

BECEINED